

# TITLE XIX MEDICAL TRANSPORTATION REIMBURSEMENT FORM

## –To Be Returned After Your Trip –

Medicaid Recipient's Name

Date of Birth

Medicaid #


(If there are additional family members that traveled for an appointment, please list them on back of the sheet)

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Payment Goes To \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Appointment Date \_\_\_\_\_ Appointment Time \_\_\_\_\_

City of origin \_\_\_\_\_ Destination (city) \_\_\_\_\_

Departure Date \_\_\_\_\_ Time \_\_\_\_\_ Return Date \_\_\_\_\_ Time \_\_\_\_\_

Lodging (check one): ☐ Motel (receipt required) ☐ Family/Friend (no receipt is required)
 Have you received any assistance from another source to help with this trip? ☐ YES ☐ NO  
 If yes, who? \_\_\_\_\_ Amount: \$ \_\_\_\_\_

### \*To be filled out by medical provider\*

Name of Medical Provider \_\_\_\_\_

Address and Phone Number \_\_\_\_\_

Type of Provider: (GP, Cardiologist, Dentist, etc.) \_\_\_\_\_

Purpose of visit: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

(Receptionist, Nurse, or Doctor Signature)

- Mileage will be reimbursed according to established program guidelines.
- Travel to your primary care physician will **not** be reimbursed
- Travel to a physician within your city limits will **not** be reimbursed.
- A lodging receipt is required for reimbursement for a driver and/or the recipient (maximum of 2).
- Meals will be reimbursed only if the medical appointment requires an overnight stay.

I understand that I will be paid mileage only to the **closest provider capable of providing the necessary services.**
**I certify that the above information is correct to the best of my knowledge and the attached receipts, if any, represent eligible expenses.**

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

(recipient, parent, or guardian)

Please return this form, along with any necessary referrals or receipts, to:

 Dept. of Social Services  
 Finance/EBT  
 700 Governors Drive  
 Pierre SD 57501

*NOTE: There are penalties for fraudulently submitting claims for reimbursement and misrepresentation of receipts submitted for payment.*